

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017417

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3827

FILED APR 25 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|--|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ST. Louis</u> | | c. CITY OR TOWN <u>ST. Louis</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>ST. Anthony's Hosp.</u> | | d. STREET ADDRESS (If outside, give location) <u>3929 Walsh</u> | |
| 3. NAME OF DECEASED (Type or print) <u>HENRY J. Wittgenstein</u> | | 4. DATE OF DEATH Month <u>April</u> Day <u>11</u> Year <u>1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Nov. 18, 1889</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN</u> | |
| 11. BIRTHPLACE (City and state or country) <u>ST. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John Wittgenstein</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emma Schlingwein</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Lillian Wittgenstein</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. INFORMANT <u>Lillian Wittgenstein</u> | | 17. ADDRESS <u>3929 Walsh</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>420.0</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour <u>11</u> a.m. Month, Day, Year <u>4-10-62</u> | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1954</u> | |
| 20f. CITY, TOWN, OR LOCATION <u>ST. Louis, Co. Mo.</u> | | 20g. COUNTY <u>ST. Louis</u> | |
| 20h. STATE <u>Mo.</u> | | 21. I attended the deceased from <u>12-10</u> to <u>4-10-62</u> and last saw her alive on <u>4-10-62</u> Death occurred at <u>12-10</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <u>Albert J. Gnade</u> | | 22b. ADDRESS <u>3606 Gravois</u> | |
| 22c. DATE SIGNED <u>4-11-62</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | |
| 23b. DATE <u>Apr. 13, 1962</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u> | |
| 23d. LOCATION (City, town, or county) <u>ST. Louis, Co. Mo.</u> | | 23e. (State) <u>Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Will Mortuary</u> | | 25. DATE RECD. BY LOCAL REG. <u>APR 11 1962</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Walter Smith, M.D.</u> | | 27. ADDRESS <u>6409 Gravois Ave.</u> | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.